

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

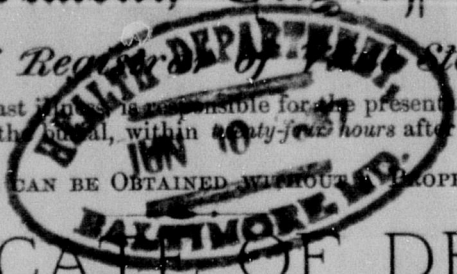
The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this certificate.

# Health Department, City of Baltimore.

Permit No. A 281 Office of Registrar Statistics. Ward 20

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



## CERTIFICATE OF DEATH

Date of Death, June 8<sup>th</sup> 1887

Full Name of Deceased, Elizabeth Hall  
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, Female  
{ Cross out the word not required in this line. }

Age, 7 Years, 1 Months, 8 Days

Color, Black

Married Single, Widow or Widower, Widow  
{ Cross out the words not required in this line. }

Occupation, \_\_\_\_\_

Birth Place, Virginia  
{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 3 years

Place of Death, 1221 Wilkes Alley  
{ Give Street and Number. }

Cause of Death, Phthisis Pulmonalis  
{ First (Primary), Second (Immediate), }

Duration of Last Sickness, 1 month

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 10<sup>th</sup> 1887

Undertaker, Chas. Semple J. W. C. Cuddy, M. D.  
Medical Attendant.

Place of Business, N. 16 Orchard Address, 506 N. Carrollton Av.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

*The above certificate is made out from information given by the family. Her physician - Dr. E. M. Reid - is not yet in city.*



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The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. A 282 Office of Registrar of Vital Statistics.

Ward 1<sup>st</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, June 4<sup>th</sup> 1884

Full Name of Deceased, Charles M. Ernst  
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, Male  
{ Cross out the word not required in this line. }

Age, 1 Years, 10 Months, 15 Days.

Color, White

Married, Single, Widow or Widower, Single  
{ Cross out the words not required in this line. }

Occupation, Dr.

Birth Place, Baltimore, Md.  
{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Life

Place of Death, 2475  
{ Give Street and Number. }

Cause of Death, Measles  
{ First (Primary), Second (Immediate). }

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, St. Evangelical Church

Date of Burial, June 10<sup>th</sup> 1884

Undertaker, A. J. Pander

M. D.

Medical Attendant.

Place of Business, 1410 Canton St. Address, St. Brandon

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department of Baltimore.

Permit No. A 283

Office of Registration of Vital Statistics.

Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, *within twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, June 29 87

Full Name of Deceased, *Mary Schell*  
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, ~~Male~~ or Female, *Female*  
{ Cross out the word not required in this line. }

Age, 7 Years, 1 Months, 1 Days.

Color, white

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, *Single*  
{ Cross out the words not required in this line. }

Occupation, None

Birth Place, B. City  
{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 7 wks

Place of Death, 812 Covington St  
{ Give Street and Number. }

Cause of Death, Diphtheritic Croup  
{ First (Primary), Second (Immediate), }

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, June 10<sup>th</sup> 1887

Undertaker, Ch. Weber

Place of Business, 818 Greenmount Ave

R. A. P. Ellis

M. D.

Medical Attendant.

Address, 915 Lyka St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this

# Health Department, City of Baltimore.

Permit No.

A. 284

Office of Registrar of Vital Statistics.

Ward

2<sup>nd</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death,

June 9th 1887

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Mary Florian

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

Years,

Months,

3 Days.

Color,

White

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birth Place,

{ State or country, and how long in the United States, if of foreign birth. }

City

Duration of Residence in the City of Baltimore,

Since Birth

Place of Death,

{ Give Street and Number. }

4800 S. Ann St

Cause of Death,

{ First (Primary),

Second (Immediate),

Trismus Nascentium

Duration of Last Sickness,

2 days

All the above information should be furnished by the Physician.

Place of Burial,

St Alphonsus Church

Date of Burial,

June 10th 87

Undertaker,

Felix Broskowski

John V. Rehberger

M. D.

Medical Attendant.

Place of Business,

1732 Albemarle

Address,

1709 Alice Anna

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this certificate.

## Health Department, City of Baltimore.

Permit No. A 285 Office of Registrar of Vital Statistics.

Ward 18<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PERMIT CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, June 8th

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Shaddick Hammond

~~Sex~~, Male or Female, { Cross out the word not required in this line. }

Age, 45 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, Black.

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, Labourer

Birth Place, { State or country, and how long in the United States, if of foreign birth. } out of town

Duration of Residence in the City of Baltimore, 15 or 20 years

Place of Death, { Give Street and Number. } 507 Vincent ally.

Cause of Death, { First (Primary), Second (Immediate), } Syphilis.  
Carcinoma of neck.

Duration of Last Sickness, about a year

All the above information should be furnished by the Physician.

Place of Burial, Sharpest Cemetery

Date of Burial, June 10 1887

{ Undertaker, William A. Dungee }

{ Place of Business, 150 East St }

Amman Hill M. D.  
Medical Attendant.

Address, 17 N. Calumet

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



No. 01-200

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department City of Baltimore.

Permit No. A 286 Office of Registrar of Vital Statistics. Ward 17<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, June 9<sup>th</sup> 1887

Full Name of Deceased, Robert Lawler {Write legibly and spell correctly. If an Infant not named, give names of parents.}

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 35 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Electrician

Birth Place, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore, 23 1/2 Years

Place of Death, {Give Street and Number.} 1138 Hanover St

Cause of Death, {First (Primary), Pulmonary Second (Immediate), Exhaustion}

Duration of Last Sickness, 3 mo

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial, June 12<sup>th</sup>

{Undertaker, Evans & Spence M. D. L. B. Reynolds Medical Attendant.

{Place of Business, 1000 E Bath St Address, 711 N. Calvert}

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

Health Department, City of Baltimore.

Permit No. A-287 Office of Registrar of Vital Statistics. Ward 19<sup>th</sup>

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.  
No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 9 - 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Nancy Smith

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 75 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days

Color, White

~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. } Domestic

Occupation, Domestic

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, during life

Place of Death, { Give Street and Number. } 1320 N. Calhoun St

Cause of Death, { First (Primary), Old age and general debility }  
{ Second (Immediate), \_\_\_\_\_ }

Duration of Last Sickness, Six Months

All the above information should be furnished by the Physician.

Place of Burial, Int. Olivet Cemetery

Date of Burial, June 11<sup>th</sup>

{ Undertaker, Evans & Spencer } C. Fawcett M. D. Medical Attendant

{ Place of Business, 1000 E. Bath St. } Address, 530 Mosher St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department City of Baltimore.

Permit No. A 288 Office of Registrar of Vital Statistics. Ward 10<sup>4</sup>

The Physician who attended any person in a last illness, responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL IN THE CITY OF BALTIMORE WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, June 8<sup>th</sup> 1887  
Full Name of Deceased, Sidonia Chapman  
Sex, Male or Female, Female  
Age, 49 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.  
Color, Colored  
Married, Single, Widow or Widower  
Occupation, Wash woman  
Birth Place, Balto, Md.  
Duration of Residence in the City of Baltimore, Lifetime  
Place of Death, 243 Arch St.  
Cause of Death, Phthisis Pulmonalis  
Congestion of lungs & general blood  
Duration of Last Sickness, 11 months

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cem  
Date of Burial, June 14<sup>th</sup> 1887  
Undertaker, Wm J Gray J. H. Hoffman M. D.  
Place of Business, 210 N. Alley Address, 702 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. A 289 Office of Registrar of Vital Statistics. Ward 12<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A DEATH CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, June 9<sup>th</sup> 1887

Full Name of Deceased, Write legibly and spell correctly. If an Infant not named, give names of parents. William Walter

Sex, Male or ~~Female~~, Cross out the word not required in this line.

Age, 3 Years, 2.8 Months,  Days

Color, White

Married, Single, Widow or Widower, Cross out the words not required in this line. Single

Occupation,

Birth Place, State or country, and how long in the United States, if of foreign birth. Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, Give Street and Number. No 1539 Penna av

Cause of Death, First (Primary), Gastro-enteritis  
Second (Immediate), Cerebral paralysis

Duration of Last Sickness, about one week

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, June 10

Undertaker, Walter Immel R. W. Miffin M. D.

Medical Attendant.

Place of Business, 594 W. Biddle St Address, 425 Saratoga St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks-below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. A 290 Office of Registration and Statistics.

Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, June 9th 1887

Full Name of Deceased, John P. Fulkner  
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, Male  
{ Cross out the word not required in this line. }

Age, 8 Years, 7 Months, 1 Days.

Color, white

Married, Single, Widow or Widower, Single  
{ Cross out the words not required in this line. }

Occupation, City

Birth Place, City  
{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 329 Ringgold St

Place of Death, Dayton  
{ Give Street and Number. }

Cause of Death, Cholera Infantum  
{ First (Primary), Second (Immediate), }

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, June 10th 1887

Undertaker, John S. Macher

Place of Business, Pacaw boman

Address, 100 St Mark

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]